

BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/756481</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">01-08-01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL IND.	20						TOTAL IND.	20					
TOTAL DEP.	76						TOTAL DEP.	67					
TOTAL CLAIMS	96						TOTAL CLAIMS	87					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS